

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | SIMMY | | |
| O.I.P.E. CLASSIFIER | MTN | 50 | 08-23-01 |
| FORMALITY REVIEW | MM | 920 | 08-31-01 |
| | | 1091 | 09-21-01 |
| | | | 11-20-01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
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| Final | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

504/920

Unable
 to react
 applicant
 as provided
 telephone
 number.
 8/28/01

953-01
 9-21-01

947

11/20/01